

**General Sanitation and Product Safety Division**

1100 West 49th Street
Austin, Texas 78756
(512) 834-6600 FAX (512) 834-6644
<http://www.tdh.state.tx.us/beh/gs/default.htm>

Residential Youth Camp / Day Youth Camp Application

Residential Youth Camp Fee: \$40 / Day Youth Camp Fee: \$25

*Please make checks or money orders payable to: TEXAS DEPARTMENT OF HEALTH,
Include the notation "Budget ZZ110, Fund 112" on the check or money order.*

Please PRINT or TYPE

CAMP ID: _____ CAMP NAME: _____

COUNTY CAMP IS LOCATED: _____ TYPE OF CAMP (R=Residential D=Day) _____

CAMP ADDRESS: (Street) _____

(City, State, Zip) _____

DIRECTIONS TO CAMP (If outside city limits, please attach map): _____

ON SITE DIRECTOR: _____ CAMP TELEPHONE: _____

OPENING DATE: _____ CLOSING DATE: _____

NOTE: Please attach a schedule of camp operation, including dates and times!
THIS APPLICATION WILL NOT BE PROCESSED WITHOUT AN ATTACHED SCHEDULE.

Pursuant to the provisions of the Texas Youth Camp Safety and Health Act, Chapter 141 of the Health and Safety Code, I/we hereby make application for a license to establish, maintain and operate a youth camp in compliance with Texas Administrative Code, Title 25, Chapter 265.11 – 265.26.

NAME OF OWNER, CORPORATION OR PARTNERSHIP: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____ EMAIL: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____